

# No2000007068

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700007305267--5  
-08/23/02--01027--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Sylest Assisted Living Facility, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sylestine Singleton  
Name (Printed or typed)

217 NW 10th St.  
Address

Bellglade, FL 33430  
City, State & Zip

(561) 882-9747  
Daytime Telephone number

2002 SEP 16 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

524-632-638 NOTE: Please provide the original and one copy of the articles.  
W02-24628

8/17/02



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

FILED

2002 SEP 16 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

August 23, 2002

SYLESTINE SINGLETON  
217 NW 10TH STREET  
BELL GLADE, FL 33430

SUBJECT: SYLEST ASSISTED LIVING FACILITY, INC.  
Ref. Number: W02000024628

We have received your document for SYLEST ASSISTED LIVING FACILITY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

SHOULD THIS BE A PROFIT CORPORATION.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 702A00049685

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Sylest Assisted Living Facility, Inc.

FILED

2002 SEP 16 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

217 NW 10th St.  
Bellglade, FL 33430

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted Living Facility - To provide a assisted living Facility for Disabled and/or mentally challenged individuals with low to moderate income.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board shall consist of no less than 3 persons of which were appointed by a member of the board.

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Sylestine Singleton  
217 NW 10th St.  
Bellglade, FL 33430  
President

Stella Canty  
806 9th St. #7  
Lake Park, FL 33403  
Vice President/Secretary

Sabrina Holmes  
330 SW Ave B  
Bellglade, FL 33430  
Treasurer

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Sylestine Singleton  
217 NW 10th St.  
Bellglade, FL 33430

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sylestine Singleton  
217 NW 10th St.  
Bellglade, FL 33430

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Sylestine Singleton  
Signature/Registered Agent

8-17-02  
Date

Sylestine Singleton  
Signature/Incorporator

8-17-02  
Date